



The Bulletin

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NEW YORK HOSPITAL—164 YEARS AGO

At a meeting of the Board of Governors of the New York Hospital held at Bolton's Tavern on Wednesday, the 24th of July, 1771, the following resolutions were adopted:

That a committee do wait upon the Mayor and corporation of this City, with the Charter, and request of them a convenient Lot of Ground on which to erect Buildings for the purpose of an Hospital, and make a Report of the Corporation's answer at the next meeting of this Society.

That the President and Vice-President of this Corporation, shall when they please to attend, be always considered of every committee which shall in future appointed.

That a proper Book be procured by the Secretary in which to keep the Minutes of the Society.

(These are extracts from the minutes of the first meeting of the Society of the New York Hospital.)

BUS SERVICE

Since the first of the year, the Hospital bus-line, which provides free transportation between the main buildings and the Lexington Avenue subway, has been operating at capacity. If the present rate is maintained, the millionth passenger for the year 1935 will be carried sometime in November.

It is a pleasure to record that, due to excellent operation and careful maintenance, no accidents have occurred.

A BIT OF HISTORY

In 1877, Dr. Francis M. Wells retired as Superintendent of the New York Hospital. His last official act was to present to his successor, Mr. George P. Ludlam, the *key ring* which he had used during his term of office.

In 1909 Mr. Ludlam retired, and again the key-ring changed hands, passing into the possession of the new superintendent, Dr. Thomas Howell.

Now, in the custody of Mr. Murray Sargent, Executive Director, this veteran bit of hardware begins its sixtieth year in the service of the New York Hospital.

THE OUT-PATIENT DEPARTMENT

Throughout the spring and early summer, this Department has been running at capacity, attendance being far higher than during the corresponding periods in 1933 and 1934. When activity subsides a little, there will be many items of interest to report in these columns.

At a meeting of the Board of Governors of the New York Hospital held May 7, 1935, the following minutes were adopted:

"The Board of Governors hear with great regret that Dr. Thomas Howell feels it necessary to retire from the position of Superintendent which he has held with distinction for so many years.

Dr. Howell was appointed to the office in 1909, being at that time Superintendent of the Worcester City Hospital, and was chosen only after a very careful study by the Executive Committee of many candidates.

Subsequent events proved how wise the selection had been, as during his term of office of twenty-six years, he has continuously held the entire confidence of the Board.

His loyalty and watchful care, his quiet efficiency and poise, his clear thinking good sense, have been of the greatest value.

We earnestly hope that Dr. Howell will soon recover from his present illness and be able to enjoy his well earned leisure.

He will carry with him the friendship and good wishes of his associates on this Board and throughout the hospital, and our hope that the wise advice, on which we have learnt to rely, may still be available."

On June 18, 1935, Mayor LaGuardia laid the corner stone of the new Mott Avenue Health Center at 140th Street and Alexander Avenue. The Hospital was represented at this ceremony by a member of the staff of this department.

THE CONVALESCENT HOSPITAL FOR CHILDREN

Miss Marjorie Moore, Superintendent of Nurses, St. Louis Children's Hospital, and Instructor of Nurses, Washington University, St. Louis, Missouri, a former staff member here, and Miss Alice Maull, Superintendent of Nurses, Barnes Hospital, and Assistant Professor of Nursing, Washington University, visited the Cottages on June 9th.

On Decoration Day the children had field day exercises followed by an ice cream supper out-of-doors. In the evening some of the doctors from the Children's Clinic resident staff held a hamburger and "casualty" contest on the delightful Bloomingdale picnic grounds.

Under the patient and able direction of Miss Dora Jordan (who recently joined our staff) the children now have an opportunity to exhibit their musical skill thru the medium of a rhythm band. Needless to say "orchestra practice" is a popular hour in their recreation program.

Miss Winifred Murray, our admitting worker, is going to attend Teachers College summer session and will be relieved during July and August by Miss Coralyn Bassett.

UNIFORMS

An old army sergeant, of Spanish War vintage, recently complained that he was lost in the army of today. "Back in '98, you never had to stop and figure out what outfit a soldier belonged to. Blue hat-cord was infantry, yellow was cavalry and red was a wagon-soldier (artillery, to the uninitiated) and that was all there was to it. Now there are so many hat-cords your'e dizzy. Engineers, aviation, gas and so on and all different.

Those of us who patronize the cafeterias may sympathize with the old sergeant—particularly when a visitor asks "What do all these different colored smocks mean?" The following table may be of some assistance when that embarrassing question is asked.

Admitting Room Clerks—Reseda Green.
Cashiers—White Broad-cloth "Cashiers" in blue on sleeve.

Clinic Aides—Shirting Blue.

Floor Clerks—Blue poplin.

Information Clerks—Dark Brown, "Information" in green on sleeve.

Record Room Clerks—Dark blue.

Secretaries—Blue poplin.

Out Patient Dept.—Burton poplin in green.

Social Service Workers:

(a) white Indian Head.

(b) blonde Indian Head.

(c) cadet Indian Head.

X-Ray—Dark brown, white X-Ray emblem on sleeves.

Registrars—Blue poplin.

Occupational Therapy—Peasant embroidery;

Payne Whitney Clinic, Occupational Therapy—Peasant embroidery—Red on white.

NOTICES

In order the better to centralize her department, Miss Margaret Gillam, Director of the Department of Nutrition, has moved her offices to rooms L-203-205-207.

Mr. F. A. Sharp, Comptroller, has moved to rooms H-108-110.

Mr. P. A. Edholms, Manager of Accounts, has established his office in room H-120.

The office of Mr. P. W. Hollings, Statistician to the Out-patient Department, has been moved to H-101.

Room F-110, formerly the Museum, has been set up as a permanent office for the Alumni of the New York Hospital, the Lying-In Hospital and the Cornell Medical College.

Mr. Joseph F. Hanning has been appointed manager of the newly organized Personnel Department. His office is located in room L-0013.

DEPARTMENT OF PEDIATRICS

A farewell dinner was recently given in the dining room on the eighteenth floor for departing members of the house and attending staffs of the Children's Clinic.

The party, which is on its way to becoming

an annual affair, served as a send-off to the various emissaries of good will soon to leave us. They will spread far and wide the art of pediatric procedure as practiced in the New York Hospital, the current crop of ambassadors having chosen Chicago, Denver, Detroit, Baltimore, Washington and Poughkeepsie for their next year's endeavors. To our midst we welcome graduates of the medical schools of Cornell, Columbia, Harvard, Johns Hopkins, Syracuse and Duke Universities.

The departmental library recently received a gift of twenty-five volumes of the *Archives of Internal Medicine*.

There have been no signs as yet of the usual seasonal drop in census of pavilion patients.

An assistant resident of the Children's Hospital of Boston exchanged places for the past month with one of our assistant residents.

Members of the staff of the Children's Clinic have participated in the recent programs of the American Academy of Pediatrics and the American Society of Bacteriologists.

DEPARTMENT OF UROLOGY

JAMES BUCHANAN BRADY FOUNDATION

Two members of the staff of the Department of Urology, James Buchanan Brady Foundation of the New York Hospital, read papers on experimental surgical problems at the meeting of the American Medical Association in Atlantic City. One of these papers, entitled "The Relief of Impotence in Man," a preliminary report, was illustrated by lantern slides and description of cases. The fact that all of the patients thus far operated upon have had a satisfactory response attracted considerable attention.

Three of the members of our staff are on the program to read papers at the meeting of the American Urological Association in San Francisco. This meeting will take place between June 24th, and June 28th, at the Palace Hotel in San Francisco.

During the past month there have been a number of distinguished visitors to our department, among these, Mr. J. Collingwood Stewart of New Castle on Tyne, England, Prof. Robert Strong of New Orleans, Dr. Emile Neaf of New Orleans, Dr. Jean M. Heil of Minneapolis, Minn.

Mr. Millin, visiting urologist from All Saints' Hospital for Genito Urinary Diseases in London, England, has been most interested in our method of operating upon the kidney with ribbon gut repair as well as the new operation for impotence. He has taken some of the material back to England with the avowed intention of utilizing the methods observed here.

An old and generous friend of the Hospital and of this Department, Mr. Charles C. Wright, was entertained at luncheon by the officers of the Department of Urology, James Buchanan Brady Foundation of the New York Hospital on Wednesday, June

19th. Mr. Wright was operated upon for a serious condition by a member of the Staff in 1918. Mr. Wright made a perfectly satisfactory recovery and has remained well. As a token of his regard for the surgeon who operated upon him and as a memorial to his mother, he established the Bessie Wright Memorial Fund, several years ago, to which he donates a considerable sum each year, for the purpose of caring for persons suffering from malignant diseases of the urinary tract. After luncheon, which was participated in by several of the business officers of the hospital as well as several of the doctors of our Staff, Mr. Wright made an inspection of our department and visited several patients who are being treated under the fund which he supports. He expressed himself as being delighted with the facilities afforded them and stated that it would always be a great pleasure for him to continue to support this living memorial to the memory of his mother.

On June 1st, Doctors F. P. Twinem and H. A. Lyons went off duty as chiefs of clinic in the Out Patient Department and will be replaced for the four summer months by doctors George A. Fiedler and John K. Devries.

A clerical staff has been preparing cards for every urological operation that has been done in the New York Hospital since the reception of patients in 1779. These cards have been filled out with important data. Three members of our staff are collecting this material to be used in a book, to be published under the title of "A History of Urological Surgery in the New York Hospital from 1779 to 1935."

PERSONNEL DEPARTMENT

In the following few paragraphs we will attempt to explain what the Personnel Department is, what it does, and how it fits into the Hospital organization.

At the present time the Hospital carries on its pay roll, in addition to the professional staff, a staff of some 1,500 non-professional people. The majority of these non-professional people are grouped in five departmentalized branches of the organization: Housekeeping, Laundry, Maintenance, Nutrition, and General Administrative. The Laundry and General Administrative. The latter group includes such functions as Accounting, Purchasing, Admitting, Protection, General Stores, Record Room, Information, Mail Service, Telephone Room and Tube Rooms. In addition to these administrative branches there are scattered throughout the Hospital a large number of secretaries, clinic aides, floor clerks, etc.

In the past it has been necessary for each department manager to carry out all the personnel functions of his department. This has meant interviewing all applicants for positions in the department, whether or not there were positions available, maintaining of all necessary employee records and adjusting all employee problems. To the de-

partment manager already charged with the responsibility of the operation of his department, these functions have been an unnecessary burden. To relieve department managers of this burden, and at the same time to centralize all Hospital employment, the Personnel Department has been set up.

It is located in the sub-basement of L-Building, Room L-0013. It is readily available to applicants, having an entrance from the Court at 530 East 70th Street directly opposite the Woman's Clinic entrance. This leads into a waiting room which is equipped with benches for the accommodation of waiting applicants and with facilities for the filling out of applications. In addition there is an interviewing office and a secretary's office.

As vacancies occur in each department, department managers will send requests for new employees to the Personnel Office. The Personnel Manager will select from all applicants the one best suited to fill the vacancy, and will send the applicant to the department manager for his approval. If approved by the department manager the applicant will be physically examined to determine his physical fitness for the position. If the physical examination is passed, the applicant is engaged and becomes an employee. In co-operation with the department manager the Personnel Department will subsequently follow up the new employee for the purpose of determining that he is properly placed, is satisfactory, and has been given all instructions necessary to carry out his work.

At the time the new employee is engaged the Personnel Department will set up and file by department, a personnel record card for the employee. This card will be a permanent record card and with additional entries in the course of time will contain his complete history in the service of the Hospital.

The Personnel Manager is available to all employees for discussions with the employee of any problems, and any and all such discussions will be held in strict confidence. With this in mind he will devote the hours of nine to one to the interviewing of all applicants seeking employment in the Hospital and will set aside hours from two to five for the use of Hospital employees as well as for the carrying out of the routine functions of the department.

DEPARTMENT OF SURGERY

The Department of Surgery reports that since September, 1932, there has been a steady increase in the number of patients cared for. In 1933 there were 1856 admissions to the pavilions, while in 1934, 2943 patients were admitted. A study of the monthly reports for 1935 shows that this year is quite close to the pace set in 1934 in the growth of the department.

The Surgical Out-Patient Department reports that the number of visits per month ranges from 1800 to 2100. This figure does

not include visits to the various surgical specialty clinics.

In the Out-Patient Dispensary, new equipment includes a new type fracture table which is arranged so that reduction and immobilization of a fracture can be carried out by one man. The injured extremity is suspended in mid-air so that one operator without assistants can apply a plaster cast.

A new form of treatment is the method of passive vascular exercise made available through the installation of a Pavaex unit in the Physiotherapy Department, the first of its kind to be installed in this part of the country. This unit is arranged so that alternate suction and pressure can be applied to an extremity in order to improve an impaired circulation. This new form of treatment is applicable in certain circulatory disturbances of the extremities.

In the Surgical Follow-up Department there are 4,772 pavilion cases on file to date. The establishment of this department was a continuation of the ideas so successfully carried out in the old New York Hospital. In this clinic, which meets on Sunday mornings only, former surgical patients present themselves for check-up examination. The enthusiasm for this system of supervision of the wellbeing of former patients is evidenced by the fact that accurate follow-up data has been obtained on 91 per cent of the cases discharged from the hospital. The value of this observation of the late results of surgical procedures cannot be too greatly emphasized. Recently this follow-up system has been extended to the Private Pavilions and to the Department of Urology. In private patients the information requested concerning the condition of the patient is obtained from the attending physician or surgeon. In the handling of the pavilion patients the Social Service Department has given valuable assistance in the location of patients who have not responded to the letters requesting their return.

Members of the Medical and Surgical Departments took part in a joint Clinical Session of the Tuberculosis Sanatorium Conference of Metropolitan New York, held on January 30, 1935, at the Cornell University Medical College.

On Tuesday, June 4, 1935, a Clinical Session of the American Association for Thoracic Surgery was held at the New York Hospital.

Dr. William Mahoney, formerly of the resident surgical staff, is to present a paper at each of three neurological societies meeting in Atlantic City, London and Moscow. Following attendance at the meeting of the International Medical Congress in Russia, Dr. Mahoney will be established at the neurological clinic of Oetfried Froester, in Breslau, Germany.

Dr. Lee Kendall, formerly Assistant Resident Surgeon, is established in practice at Framingham, Massachusetts.

Members of the Surgical Staff attended a

meeting of the American Surgical Association held in Boston on June 6, 7 and 8.

Members of this department attended the meeting of the American Surgical Association held in Boston and discussed the papers presented therein. Several members also attended the meeting of the surgical section of the American Medical Association held at Atlantic City, June 10th to 15th.

BLOOMINGDALE HOSPITAL

An Historical Survey of the Bloomingdale Hospital Laboratory has recently been published. A brief resume of this paper may be of interest.

Although note is made in the early Bloomingdale reports of laboratory examinations and tests being made, the laboratory itself was mentioned first in the 1893 annual report, five years after the Hospital moved to White Plains. From a former member of the staff who had been a student of Dr. William H. Welsh, it was learned that in 1881 when he came to the Hospital, the urine examinations were made in the pharmacy. Six years later when he returned from study in Europe, he undertook the examination of sputum for tubercle bacilli. It has also been learned from a retired member of the staff that beginning in 1895 she made routine examinations of all patients. Urinalyses were performed and many cases of diabetes and albuminuria were discovered among the old patients who had been moved from New York to White Plains.

Dr. August Hoch who was appointed First Assistant Physician at Bloomingdale Hospital in 1905 stressed the importance of scientific medical work in the Hospital and from that time careful clinical studies were carried on as well as regular laboratory tests. Research work was started and has continued to attract the attention of not only the physician in charge of the laboratory but of various members of the staff who have made valuable contributions to the relationship of the laboratory and clinical fields.

In 1907 an addition was made to the center building containing ample provision for an enlarged laboratory and post-mortem room.

The annual report for 1910 records the introduction of the Wasserman test and the examination of specimens from the New York Hospital. Ordinarily when tests could not be performed at Bloomingdale the New York Hospital laboratory was called upon but at this time the relationship was reversed as Bloomingdale was the first to perform the Wasserman tests, and continued to render this service to the New York Hospital until 1916.

During the next ten years a great interest was shown in the tests for syphilis and the treatment of general paresis. This work along with bacteriological examinations and neuropathological studies of the brain increased very much the scope and amount of service rendered by the laboratory. New ap-

paratus was purchased from time to time and the laboratory was well equipped for ordinary clinical work and for some forms of research.

In 1916 an itemized report of the laboratory was published. In 1919 the laboratory was spoken of as a distinct department "requiring definite means for its maintenance and development." It was noted in the 1925 report that there had been an increase of 300 per cent in five years in the amount of work performed by the clinical laboratory.

In 1932 a new addition to the Hospital was built to make provision for rooms for the performance of basal metabolism tests, also for a psychological laboratory. Today with the kindly interest of the Laboratory Department of the New York Hospital an adequate and active clinical laboratory is maintained. Since the Hospital receives only acute psychiatric cases, the deaths occurring each year are very few. Autopsy material is now sent to New York for study.

DEPARTMENT OF ENGINEERING AND MAINTENANCE

Among many services this department performs we find air conditioning.

Air conditioning can be defined as a mechanical process which enables man to control climate indoors. This is accomplished through the regulation of four factors: temperature, humidity, air motion and air purity.

The atmosphere of the earth is a mixture of a number of gases, ranging from nitrogen and oxygen to such rare gases as krypton, argon and xenon.

Water vapor is an important constituent of atmosphere. It is the most variable in quantity of any of the atmospheric elements, its amount depending largely on the weather conditions. In the Northern part of the United States the range of the moisture content is very great. In New York, for example, it varies at different times from 0.5 gr. to 7 gr. per cubic foot. Water vapor, strictly speaking, is nothing other than steam at very low pressure and its properties are similar to steam. This fact is borne in mind when dealing with the subject of atmospheric moisture. Another conception that should be understood is that of Dalton's law of partial pressure. According to this law, in any mechanical mixture of gases, each gas has a partial pressure of its own, which is entirely independent of the partial pressures of the other gases. For example, consider one cubic foot of hydrogen gas at an absolute pressure of five pounds per square inch. If one cubic foot of nitrogen at an initial pressure of ten pounds per square inch be injected into the same space, the resulting total pressure will be 15 pounds per square inch and the volume one cubic foot. In air, therefore, the oxygen, nitrogen, water vapor and other gases each have their own partial pressure, the sum of all

of them being equal to the total or barometric pressure.

We will consider the first of the four factors mentioned above: temperature. Heat or cold is a form of energy, every substance on earth contains it in some degree. It flows from one body to another, its rate of flow dependent upon the degree of pressure or of temperature in the adjacent body.

The dry bulb temperature of the air is measured by any type of thermometer not affected by the water content or relative humidity of the air.

The wet bulb temperature of air is a measure of its degree of moisture. It is determined by a thermometer with its bulb encased in a fine mesh fabric bag moistened with clean water at room temperature and whirled through the air until thermometer assumes a steady temperature. This steady temperature is the result of a dynamic equilibrium between the rate at which heat is transferred from the air to the water on the bulb and the rate at which this heat is utilized in evaporating moisture from the bulb.

The dew point temperature is the temperature at which air becomes saturated. At this temperature air holds all the moisture it is capable of holding. Its humidity at the dew point temperature is 100%.

Relative humidity is the percentage of water vapor in the air. Air at 80 degree dry bulb and 50% relative humidity contains but one half the moisture it is capable of containing at 100%.

In the hospital we air condition eighteen operating rooms, five delivery rooms, two premature rooms and three constant temperature rooms. We maintain a temperature of 78 degree dry bulb and 60% relative humidity in operating rooms, 77 degree dry bulb and 65% relative humidity in premature rooms. The temperatures in the constant temperature rooms vary according to the type of work that is being conducted there.

In order to maintain these various temperatures and humidities five different complex air conditioning apparatus are in constant operation.

The seasons of the year vary such as winter when it is necessary to humidify or add moisture to the incoming air and in summer it is necessary to abstract moisture from the air to dehumidify and also cool the rooms.

Let us follow operations necessary to maintain winter control. The outdoor temperature is five degrees below zero and 50% relative humidity. We desire a temperature of 78 degree and 60% relative humidity in the operating rooms. If we raise this five degree below zero air to 78 degree we will have air that is very low in the percentage of humidity and consequently very dry. It is therefore necessary to humidify this air.

The air is drawn through louveres from outside the building. You have no doubt noticed these at different places in the walls of the building and also on the various roofs or building set backs. The air then passes through what are known as tempering stacks. These stacks are copper tubes with fins pressed on to increase the radiating surface. These stacks are heated by steam. The admission of steam to the tempering stacks is controlled by a thermostat set to operate at a temperature of 40 degrees. This is necessary to protect the rest of the apparatus from freezing. After passing through the tempering stack the air goes through a pre-heater which is also thermostatically controlled. This heater is set to maintain a temperature of 60 degrees. The air then passes through an oil filter. This filter extracts dust and dirt, such as coal dust from manufacturing plants and power houses that are in the neighborhood of the hospital. The filter consists of a revolving mat that runs through a bath of oil; the mat being saturated with oil, most of the dust and dirt is impinged on it. This mat is rotated every twelve hours presenting a new oil saturated surface to the incoming air. The rotation is automatically controlled by a clock mechanism. As the filter rotates, the dust is deposited in the oil reservoir and is automatically discharged. The air is then passed through a spray chamber which washes and humidifies it. In this chamber, water is sprayed through nozzles in a fine mist. Temperature of this water is controlled by a dew point thermostat which regulates the steam valve admitting steam to a hot water heater. The air is now washed and fully saturated. It then passes through the fans into large ducts and it is now on its way to the rooms. It enters the rooms through registers which are usually located near the ceiling, at a temperature of several degrees lower than the desired room temperature. There are also thermostatically controlled steam radiators in the operating rooms which automatically keep the room at the desired temperature of 78 degrees. The air is also continuously exhausted through grilles located near the floor.

In this way we are able to maintain proper temperatures and humidities and assure a continuous supply of conditioned air to these rooms.

This department requests that all unauthorized persons refrain from changing any thermostat adjustment, as this throws the system out of balance and causes discomfort to patients and others using operating rooms.

We also ask that the doors between sterilizing rooms and operating rooms be kept closed.

We wish to thank the nurses in operating, delivery and premature rooms for their splendid cooperation in carrying out the above request.